



1.1 Waiting time for a first face-to-face contact in a centre for ambulatory mental health (days) (MH-3)

1.1.1 Documentation sheet

Description	Waiting time for a first face-to-face contact in a centre for ambulatory mental health
Calculation	<ul style="list-style-type: none"> • Average number of days a patient has to wait for a screening or an intake assessment in a centre for ambulatory mental health; • Average number of days a patient has to wait for a second contact with a centre for ambulatory mental health.
Rationale	<p>Long waiting times are an important indication of accessibility problems. Excessive wait times may contribute to clinical deterioration and increased risk of suicide or hospitalisation.^{1,2} Furthermore, the longer the wait, the less likely patients and families are to attend appointments.³ Similar effects have also been observed for children and adolescents, with longer waiting times for mental health services contribute to higher rate of 'no shows', higher likelihood of disengaging from services during the therapeutic process, and possible worsening of the condition.⁴ Therefore, timeliness of access to mental health services can be considered a key indicator in calls for improvement of the mental healthcare system.</p> <p>Several EU countries (Denmark, Finland, Ireland, Lithuania, the Netherlands, some regions in Spain, and Sweden) have implemented a waiting time target or guarantee in at least one area of mental health care, with most of them aiming to provide treatment or a first service contact within 1-3 months.⁵</p> <p>In Belgium, the competencies for mental health care services are not homogeneously organised at the level of the public authorities (e.g. the federal government is responsible for the payment of psychiatrists, psychiatric wards in acute hospitals and primary psychological care while the federated entities are responsible for the organisation and payment of centres for ambulatory mental health care).⁶ Due to these scattered competencies, no standardised data sources exist that cover the entire mental healthcare system. Consequently, problems arise when needing to monitor waiting times for access to the mental health services. A second best option is to monitor the waiting times for one type of service. In this report, we use the data published by the Flemish Agency of Care on waiting times for the centres for ambulatory mental health. Since 2023, there are 18 mental health centres (CGG) in Flanders and Brussels (18 CGG before). They have to submit once a year (twice a year before 2023) a set of data based on their electronic patient records (two different systems in use since 2007).</p> <p>A survey from the European Psychiatric Association (EPA) reported that the number of patients treated by psychiatrist in outpatient settings halved during the first wave of the COVID-19 pandemic (April 2020) compared to the previous months, which likely affected waiting time for ambulatory mental health.⁷ In Belgium, the CGG quickly shifted to using videocalls to treat patients during the pandemic.</p>
Technical definitions	<p>A CGG provides medical-psychiatric and psychotherapeutic assistance to people with serious mental health problems, through daytime consultations. In addition, a CGG can also provide specific forms of care (e.g. alcohol, drug and suicide prevention, forensic assistance, addiction care, assistance to persons with disabilities and additional mental health problems, etc.); participate together with other partners in projects aimed at specific target groups or themes; and provide support and consultations to other organisations such as special youth care facilities, prisons, residential care centres or care homes.</p>



	Consultation rates in ambulatory mental health centres vary by patients' contribution status. Patients in the regular contribution status group pay the standard rate (€ 11). ⁸ The reduced contribution group (€ 4 per consultation) includes: individuals with an increased allowance within the sickness and invalidity regulations (OMNIO, WIGW); individuals who are in budget counselling, budget management or debt mediation with a recognised institution (CAW, OCMW) or person, and young people consulting on their own initiative. The no contribution group (€ 0) includes detainees, asylum seekers or people without papers, individuals who have reached the maximum bill for medical care expenses in the current calendar year, and individuals in a vulnerable situation.
Data source	Departement Zorg: Cijfers Centra voor Geestelijke Gezondheidszorg ⁹
International comparability	No international comparison available for this indicator. Recent evidence has shown that during the pandemic waiting times and waiting lists for mental health care for both adults and young people increased in several European countries, such as Switzerland, the Netherlands and Finland. ^{10, 11} In Finland, these challenges persisted in 2022, with 40% of children and young people having to wait more than 90 days for specialised mental health care, an increase of 13% compared to August 2019. ¹²
Limitations	<p>Waiting times are a complex measure that is linked to many factors, and can as a result give a distorted picture. For instance, waiting times depend on facilities' inflow and outflow policies, individuals are often on multiple waiting lists and are not always on the waiting list for the most appropriate type of care (e.g. specialised care vs primary care).</p> <p>No international comparison available. The OECD Waiting Times Policy Questionnaire 2019: waiting times are considered to be an issue for mental health services: Denmark, Estonia, Finland, Latvia, Lithuania, Netherlands, Poland and Slovenia. EU countries with no issue: Greece, Hungary, Ireland, Luxembourg, Portugal, Slovak Republic.</p>
Dimension	Accessibility (accessibility mental health services)
Related indicators	Percentage of visits to the Emergency Rooms in general hospitals for mental health and/or substance- related problems
Reviewers	Els Vanlinthout (Departement Zorg)

1.1.2 Results (Flanders)

The average **waiting time from enrolment to first face-to-face contact** with an ambulatory mental health centre was 41 days in 2022 (see Table 1). The average waiting time remained relatively stable between 2016 and 2021, and decreased by 10 days in 2022. The average waiting time was highest for children and young people (46 days) and lowest for older people (27 days). The average waiting time for men was three days longer than for women. There were substantial variations in waiting time between provinces in 2016-2022. Care for people with mental disabilities was the type of care with the highest average waiting time (217 days in 2022).

Individuals with reduced contribution had higher waiting times for all years compared to those with no, regular and other contribution.

The average **waiting time from first to second face-to-face contact** with an ambulatory mental health centre was 48 days in 2022 (see Table 2). The average waiting time increased between 2016 and 2020 (from 48 to 60 days), and decreased in 2021 and 2022. The average waiting time was higher for children and young people and adults (54 days) than for older people (38 days). Day activation and employment care had the highest average waiting times in 2022 (64 days). Individuals with reduced contribution had higher waiting times for all years compared to those with no, regular and other contribution.


Table 1 – Average waiting time (in days) from enrolment to first face-to-face contact in ambulatory mental health centres in Flanders (2016-2022)

	2016	2017	2018	2019	2020	2021	2022
Average	51	57	55	47	52	51	41
Sex							
Men	51	52	55	47	51	50	42
Women	51	61	56	48	52	51	39
Age group							
Children and young people (0-17 years)	61	67	62	52	58	59	46
Adults (18-59 years)	48	55	53	48	52	51	40
Older people (>59 years)	47	51	55	32	36	31	27
Age unknown	53	131					
By province							
Antwerp	59	57	55	52	57	58	46
Brussels Capital	47	50	19	25	29	25	22
Limburg	37	49	52	45	48	52	36
East Flanders	52	58	58	44	49	44	32
Flemish Brabant	51	60	67	68	86	76	59
West Flanders	57	63	56	38	34	37	42
Type of care							
Child and youth care	63	69	69	59	62	64	48
Adult care	50	56	58	49	55	53	36
Elderly care	39	50	65	29	34	26	21
Forensic care	44	57	48	48	61	56	53
Addiction care	38	45	46	46	43	36	38
Care for people with mental disabilities	97	95	150	148	175	263	217
Refugee care	26	38	27	28	25	35	27
Art. 107 Adults	20	23	21	23	29	18	13
Crisis care	12	5	7	20	19	13	14
Day activation and employment care	20	37	32	30	55	16	14
Projects	43	67	21	29	40	35	43
Psychiatric care in the home	205	70	41	12	22	16	18



Early detection and intervention in psychiatric (psychotic) problems (VDIP)	23	23	44	17	22	34	27
Other types of care	80	42	22	27	21	44	45
Type of contribution							
Other contribution: Project art.7, 9 or 10 BVR	39	46	41	31	36	34	38
No contribution	46	52	48	45	55	52	45
Regular contribution	52	58	56	49	50	49	36
Reduced contribution	57	64	65	55	63	63	50

Each care periods for which the first face-to-face contact is in the registry year are included.

Source: Departement Zorg 2023

Table 2 – Average duration (in days) from first face-to-face contact to second face-to-face contact in ambulatory mental healthcare centres in Flanders in 2016-2022

	2016	2017	2018	2019	2020	2021	2022
Average	48	50	53	57	60	56	48
Sex							
Men	47	48	51	56	57	54	48
Women	49	52	55	58	63	58	48
Age group							
Children and young people (0-17 years)	51	54	61	61	63	57	54
Adults (18-59 years)	48	51	52	58	62	57	47
Older people (>59 years)	39	40	42	42	43	44	38
Age unknown		35					
Type of care							
Child and youth care	56	58	66	70	71	64	59
Adult care	53	57	59	66	72	68	50
Elderly care	38	39	40	38	38	44	36
Forensic care	32	32	37	42	49	50	44
Addiction care	38	50	50	59	54	46	47
Care for people with mental disabilities	74	55	42	60	47	52	52
Refugee care	20	27	20	21	25	23	21
Art. 107 Adults ¹	19	18	17	18	18	18	16
Crisis care	9	14	9	14	11	11	18



Day activation and employment care	25	24	27	47	53	27	64
Projects	28	30	31	31	31	28	31
Psychiatric care in the home	69	53	50	21	15	21	27
Early detection and intervention in psychiatric (psychotic) problems (VDIP)	26	25	23	30	31	22	20
Other types of care	24	24	28	21	28	32	29
Type of contribution							
Other contribution: Project art. 7, 9 or 10 BVR*	37	39	40	42	42	38	41
No contribution	36	35	38	42	49	52	46
Regular contribution	50	52	54	59	61	55	46
Reduced contribution	54	58	64	69	73	69	57

Each care periods for which the second face-to-face contact is in the registry year are included.

**Articles based on Decree of the Flemish Government*

¹This refers to the reform on mental healthcare services for adults. Article 107 stipulated that "the King may provide specific means of financing to allow, as experimental and for a limited period, prospective and programmed financing of healthcare pathways and networks".

Source: Departement Zorg 2023

Impact of the COVID-19 pandemic

The COVID-19 pandemic did not seem to have an impact on waiting times for a first face-to-face or second contact in a centre for ambulatory mental health. However, the number of care periods (or number of individuals receiving care at a CGG) decreased between 2019 (57 165) and 2020 (51 554), to increase again after 2020 (2021: 54 266 and 2022: 62 091).



Key points

- **Data about waiting times for mental health services are not systematically collected for the entire Belgian mental healthcare system. Only data for waiting times to access Flemish ambulatory mental health centres are publicly available.**
- **In 2022, the average waiting time was 41 days from enrolment to first face-to-face contact with an ambulatory mental health centre and 48 days from first to second face-to-face contact.**
- **On average waiting times are longest for care for people with mental disabilities, and shortest for care for older people.**

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